

4B-501

STATE OF NEW MEXICO  
IN THE PROBATE COURT  
\_\_\_\_\_ COUNTY

No. \_\_\_\_\_

IN THE MATTER OF THE ESTATE OF  
\_\_\_\_\_, DECEASED.

### ACCOUNTING

I, \_\_\_\_\_, the personal representative of the estate, have prepared an accounting of the administration of the estate.

I am sending a copy of this document to the distributees whose interests are affected by this accounting. The accounting is as follows:

#### Cash and Other Assets in the Estate

A. Items from Inventory ( <i>not sold</i> )	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

B. Items Received Since the Making of Inventory ( <i>not sold</i> )	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

C. Items Sold	Sales Price	Sales Expense	Net Amount Received
1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____

D. Income Received	Amount
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1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____

**Total of Cash and Other Assets:** \$ \_\_\_\_\_

**Payments and Distributions**

**A. Payments to Creditors and  
for Expenses of Administration**

	Amount Paid
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**B. Distributions to Devisees or Heirs**

	Value of Distribution
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

**Total of Payments and Distributions:** \$ \_\_\_\_\_  
*(Total of Cash and Other Assets  
should equal Total of Payments and Distributions.)*

\_\_\_\_\_  
Signature of personal representative

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state and zip code

\_\_\_\_\_  
Telephone number